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# INFORMATION NOTES

## INFORMAL BOARD MEETING

**Date:** 2:00pm-6:00pm, Monday 4 November 2019

**Venue:** Auditorium, Shellharbour Civic Centre

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*The meeting commenced at 2.24pm following the Annual Public Meeting.*

### WELCOME

#### Attendance of members

Ms Jill Boehm OAM (Acting Chair); Mr Roger Downs; Ms Marisa Mastroianni; Mr Paul Knight; Professor Kathy Eagar; Professor Gerard Sutton; Professor Rod McMahon; Dr William Pratt; Ms Eve Bosak; Mr John Stubbs; Mr Alan Hudson; Professor Bill Lovegrove AO.

#### Others in Attendance

Ms Margot Mains, Chief Executive; Mr Andrew Hayne, Board Secretary and Executive Officer; Ms Angela Tugrul, Assistant Board Secretary.

Present for Agenda Item 1 were:

- Ms Marg Martin, Executive Director Clinical Operations
- Ms Deborah Cameron, Executive Director Nursing and Midwifery
- Ms Chris Lowry, General Manager Southern Illawarra Hospital Group (SIHG)
- Ms Kerry Shanahan, Director of Nursing SIHG
- Ms Justine Dwyer, Director of Nursing/Operations Manager Shellharbour Hospital
- Ms Amanda Paloff, Director of Nursing/Operations Manager Shellharbour Hospital
- Ms Louise Morrison, Director of Nursing/Operations Manager Port Kembla Hospital
- Mr Bryce Dorrian, Finance Business Manager SIHG
- Ms Ngarla Tetley, Workforce Support Manager SIHG

Present for Agenda Item 2 were:

- Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning, Information and Performance
- Ms Amy Hains, Director Planning, Performance and Strategic Commissioning
- Ms Anita Graham, Manager Performance Unit
- Mr Curtis Gregory, Director Public Health Unit
- Mr David Reid, Director Drug and Alcohol
- Ms Faoziyah Lawal, Finance Business Manager ICMHPIP
- Ms Franca Facci, Acting Director Ambulatory and Primary Health Care
- Ms Kirsty Temple, Workforce Support Manager ICMHPIP
- Dr Mark O'Connor, Director Oral Health Services
- Ms Natalie De Wit, Director Information Management
- Ms Pauline Brown, Director Aboriginal Health Strategy
- Ms Kate Andersen, Acting Director Allied Health
- Dr David Alcorn, Clinical Director Mental Health.

#### Apologies

Professor Denis King OAM (Chair); Dr Joshua Rijdsdijk, Chair Northern Illawarra Medical Staff Council.

### ITEM 1: PRESENTATION FROM THE SOUTHERN ILLAWARRA HOSPITAL GROUP EXECUTIVE

The Board received the presentation from the Southern Illawarra Hospital Group.

*The Chief Executive joined the meeting at 2.43pm during this item.*

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The Board queried:

- Whether the performance framework and compassionate leadership program had been replicated District-wide, to which the General Manager advised the performance framework had commenced at SIHG using District-wide performance measures and that she had held discussions with the Strategic Improvement Programs directorate to share the framework. The Executive Director Clinical Operations advised the compassionate leadership program had commenced at Wollongong Hospital and was also being rolled out to Mental Health.
- Work underway to improve discharged by 10am, with the General Manager having advised on the newly-established Discharge Unit Manager, who rounds to patients expecting discharge to outline the plans, and the electronic patient journey board in development. She also noted the culture change that had occurred and some areas of resistance.
- How the General Manager had addressed the issues, to which she advised was through Personal Effectiveness Development plans (PEDs) and involving staff early in change.
- The recovery from the Public-Private Partnership proposal, to which the General Manager advised the workforce had stabilised with the redevelopment having attracted new staff but there remained some ongoing impacts. The Director of Nursing added on the higher numbers and quality of applicants for positions.
- How the Executive were targeting night shift staff in their culture change initiatives, to which the Director of Nursing advised that all wards and all shifts hold a multidisciplinary safety huddle where such matters are raised.
- Whether locum staff were used to backfill annual leave, with the Finance Business Manager outlined the savings and advised on the improved leave practices reducing reliance.
- The cause of the increase in overtime use at Port Kembla Hospital, to which the Deputy Director of Nursing/Operations Manager Port Kembla Hospital advised there was a long-stay patient with 24-hour specialising needs and the impact of winter sick leave, with a small pool of casual nurses to draw on.
- Whether the Procurement Unit were consulted on areas of slippage in savings, to which the General Manager advised she was holding monthly meetings with the Unit and on her previous experience in savings strategies.

**ITEM 2: PRESENTATION FROM THE INTEGRATED CARE, MENTAL HEALTH, PLANNING, INFORMATION AND PERFORMANCE DIRECTORATE**

The Board received the presentation from the Integrated Care, Mental Health, Planning, Information and Performance Directorate.

The Board queried:

- Regarding the messaging to children on choosing water and healthy food, if there was any evidence this message was being taken home to families, to which the Acting Director Ambulatory and Primary Health Care advised there was no direct evidence but rather that children were influential on each other and create social norms.
- In response to comments that 40 per cent of children have dental disease, and yet the children's waiting list is near zero what the causes were, to which the Director Oral Health advised that a combination of diet and lower fluoride exposure.
- Whether rural communities in drought are experiencing poor dental health to which the Director Oral Health did not have data available but noted that children in rural areas tend to have poorer oral health.
- The plans the District have around the stigma of Hepatitis C, to which the Director Drug and Alcohol advised the next stage is to target those with the illness who may not be aware and communities of resistance via media campaigns.

- Further if GPs were able to add it to their usual screening, to which Board member Professor Rod McMahon advised he had started screening all his patients, and the Director Drug and Alcohol noted the uptake of the Hepatitis C health pathway.
- Regarding the Allied Health Council how often it was meeting and the participation, to which the acting Director Allied Health advised was monthly and membership was based on the ability to drive projects and change.
- The age at which a mental health consumer qualifies as an older person, to which the Clinical Director Mental Health advised it is above 65 years for non-Aboriginal people.
- How the mental health staff issues are tracking, to which the Workforce Support Manager advised the service is attempting to engage the unions in a very difficult climate and that the issues with nursing hours per patient day persist. She added on the fairness noted in investigative processes, such as the use of independent subject matter experts, and commended management on their stance.
- Whether if staff are negligent in their duty of care, what the unions positions are. The Workforce Support Manager and Chief Executive advised the unions take an advocacy stance for the employee.
- Further whether the unions are focused on local issues or wider agendas, to which the Workforce Support Manager observed were usually wider issues.
- Whether nurse management can contact the Workforce Support Manager for advice, to which she advised they can and do, having provided the example of being involved in facilitated discussions to resolve conflict.
- If the surgical dashboard data was truly 'live', to which the Manager Information Management Unit advised it had only a 10 second delay.

The Board observed the challenges of mental health activity based management (ABM) funding, and management added that mental illnesses do not follow standard pathways and average lengths of stay as physiological injuries and illnesses. The Manager Performance Unit added mental health is funded approximately \$600 less than the state price and the challenges of the lower price for growth activity.

The Chief Executive also commended the Mental Health service management on their approach and the decisions made to date. She felt the nurse rotation process would improve the service. She also noted a recent presentation from a UK mental health service who turned their culture around, who initially had 70 active disciplinary matters in moving to a fair and just culture.

**ITEM 3.1: CHIEF EXECUTIVE'S REPORT**

The Board received the information provided. They queried when the evaluation of the residential aged care facility transition pilot would be available, to which the Chief Executive advised she would provide it for the December meeting.

**ACTION ITEM (26/19):** Provide the Board with the evaluation report of the Shoalhaven Hospital Group residential aged care facility pilot program.

**ITEM 3.2: CONFIDENTIAL CHIEF EXECUTIVE'S REPORT**

*Refer to the Confidential Information Notes of the meeting.*

**ITEM 3.3: SHOALHAVEN HOSPITAL ORTHOPAEDIC ENHANCEMENTS**

*Refer to the Confidential Information Notes of the meeting.*

**ITEM 4: MEETING FINALISATION**

The Board requested more regular management attendance to Board meetings to address matters around the Strategic Priorities. They also acknowledged the excellent presenters at the APM and that the culture of the organisation reflects on the Chief Executive.

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The Board requested copies of the APM and Board presentations and materials.

**ACTION ITEM (27/19):** Provide the Board with copies of the APM and Board presentations and materials.

**Details for the next formal meeting of the Board are:**

Monday 2 December 2019

2.00pm-6.00pm

Conference Rooms, District Executive Offices, Warrawong

(Followed by the Board Chair's Christmas Dinner)

*The meeting closed at 6.00pm.*